

CAMC General Hospital

Patient Name: JONES, JOSEPH
MRN: 0000457097 Admit: 3/19/2023
FIN: 3006931699 Disch: 3/19/2023
DOB/Age/Sex: 9/21/1991 31 years Male Admitting: Taylor,DO,Roger Scott

Emergency Documentation

Procedure

Emergency Department Splint Procedure Note

Injury: distal fibula fracture

Splint material: Orthoglass

Splint type: Posterior short leg, stirrup

Splint location: RLE

Applied by: India Yates, PA-C

Splint was placed to ensure immobilization and adequate pain control. Adequate gauze padding was placed and the splint was secured with ACE Bandage. The patient tolerated the procedure well and was neurovascularly intact distally after splinting.

Diagnostic Decision Tools

NIH Stroke Scale

Stroke scale not charted

HEART Score

Score not charted

Medical Decision Making

Patient presents as per HPI. They are hemodynamically stable, neurovascularly intact, non-toxic in appearance on presentation to the ED. x-rays ordered for further evaluation, along with 800 mg ibuprofen. Patient has no signs of respiratory compromise, is fully alert oriented after apparent overdose. He is afebrile, non tachypneic, non tachycardic, non hypoxic on room air. Ankle x-ray shows acute oblique fracture of the distal fibula that is nondisplaced. X-ray foot negative for acute findings. I spoke with Orthopedic surgery who after reviewing images suggest posterior and stirrup splinting and close follow-up with their clinic. They recommended 325 mg aspirin twice daily. Patient will be given prescriptions for this as well as a short course of Toradol at the recommendation of my attending physician with instructions to preferentially take the aspirin for pain and only use the Toradol as needed. He was not prescribed Norco for pain as he recently had an overdose. He will be sent home with a prescription for naloxone given his substance use history.

Assessment/Plan

Closed fracture of distal end of right fibula S82.831A

Overdose of opiate or related narcotic T40.601A

Orders:

aspirin, 1 caps, Oral, BID, X 14 days, # 28 caps, 0 Refill(s), Acute
ketorolac, 1 tabs, Oral, q6hr, PRN as needed for pain, Not to exceed 40 mg/day and 5 days duration for all dose forms. Do not take in conjunction with other NSAIDs., X 5 days, # 20 tabs, 0 Refill(s), Acute

Crutches

Patient Education

Ankle Fracture, Distal Fibula

How Bones Heal

Follow Up

With	When	Contact Information
Return to Emergency Department	Only if needed	
Additional Instructions: Return to ED if symptoms worsen or if you experience fever, chills, chest pain, shortness of breath, numbness/tingling in the feet, increased redness/swelling/discoloration to the foot, worsening or severe pain, or with any new concerns.		
Ereny Bishara	Within 3 to 5 days	CAMC Orthopedic Trauma Group 415 Morris Street, Suite 201 Charleston, WV 25301- (304)388-7700 Business (1)

Additional Instructions: Call for followup appointment with orthopedic surgery for further management of your fibula fracture. You should utilize crutches and remain nonweightbearing until that time. Please take 325 mg of aspirin twice daily for pain and to prevent blood clots.



CAMC General Hospital

Patient Name: JONES, JOSEPH
MRN: 0000457097 Admit: 3/19/2023
FIN: 3006931699 Disch: 3/19/2023
DOB/Age/Sex: 9/21/1991 31 years Male Admitting: Taylor,DO,Roger Scott

Emergency Documentation

With	When	Contact Information
Mirza Hamirani	Within 1 to 2 weeks	800 Grand Central Mall, Suite 9 Vienna, WV 26105- (304)834-3970 Business (1)

Additional Instructions: Call for followup appointment with your PCP for management of chronic medical issues now dressed today's visit

Medication Reconciliation

New Prescription

aspirin (aspirin 325 mg oral capsule)1 Capsules Oral 2 times a day for 14 Days. Refills: 0.

ketorolac (Toradol 10 mg tablet)1 tabs Oral every 6 hours as needed as needed for pain for 5 Days. Not to exceed 40 mg/day and 5 days duration for all dose forms. Do not take in conjunction with other NSAIDs.. Refills: 0.

Attestation Statement

"I personally evaluated and examined the patient in conjunction with the APC and agree with the assessment, treatment plan and disposition of the patient as recorded by the APC." (Along with MD documentation to support examination of patient.)

Electronically Signed On 03.19.23.07:45 PM

Yates, PA-C, India Alexandra

Electronically Signed On 03.23.23.03:49 PM

Taylor, DO, Roger Scott